

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/555986

FILING DATE

17 AUG 2000

APPLICANT(S)

C-VC

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* 15 + Amendment*	* * * * *
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			/				51	/
2			/				52	/
3			/				53	/
4			/				54	/
5			/				55	/
6			/				56	/
7			/				57	/
8			/				58	
9			/				59	
10			/				60	
11			/				61	
12			/				62	
13			/				63	
14			/				64	
15			/				65	
16			/				66	
17			/				67	
18			/				68	
19			/				69	
20			/				70	
21			/				71	
22			/				72	
23			/				73	
24			/				74	
25			/				75	
26			/				76	
27			/				77	
28			/				78	
29			/				79	
30			/				80	
31			/				81	
32			/				82	
33			/				83	
34			/				84	
35			/				85	
36			/				86	
37			/				87	
38			/				88	
39			/				89	
40			/				90	
41			/				91	
42			/				92	
43			/				93	
44			/				94	
45			/				95	
46			/				96	
47			/				97	
48			/				98	
49			/				99	
50			/				100	
TOTAL IND.			5				TOTAL IND.	
TOTAL DEP.			43				TOTAL DEP.	7
TOTAL CLAIMS			50				TOTAL CLAIMS	7